

## **Consent for Release of Personal Records by Executive Agencies**

Please complete and return to the following address:

Congressman Todd Young  
District Office  
279 Quartermaster Ct.  
Jeffersonville, IN 47130  
(812) 288-3999  
(812) 288-3873 (fax)

Name of Agency \_\_\_\_\_

\_\_\_\_\_  
Name of Claimant Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number Claim # (if applicable)

\_\_\_\_\_  
Telephone number

Have you contacted any other elected officials about this problem? If yes, who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(over please)**

